



Sponsor Agency Approval for Fees

Completion of this form constitutes acceptance of liability for fees on behalf of the student named below. The agency which accepts such liability will be billed for any/all fees as indicated below. Sponsorship is subject to the policies and procedures of the College with particular attention drawn to those policies and procedures regarding non-attendance, withdrawal from courses and programs, the Student Benefits Plan, payment of tuition fees, and tuition fee refunds as published on the college website. Completion of this form acknowledges the understanding and acceptance of these policies and procedures and releases the student from any financial obligation. This liability is not contingent on student attendance or performance. This document excludes textbooks and supplies (contact the Bookstore), parking, and locker fees.

The sponsor agrees to the payment term of 30 days upon receipt of invoice. The student will receive a Registration Statement as confirmation of enrolment. That form may not accurately reflect any changes to their registration. Therefore, please **do not remit payment until you receive an invoice**. Cancellation of a sponsorship must conform to college withdrawal policy and a sponsor must apply in writing.

1. _____ C _____
 Last Name First Name Student #
 Gender: Male Female Birth Date (required): _____
MM / DD / YY
 Student Address City / Province Postal Code

2. Program /Course Name: _____ Year (e.g. 2018/12): _____

3. Academic terms included: Fall Winter Summer
 OR months: _____ to _____

4. This sponsorship includes:
 Non-Refundable Application Fee: Yes \$ _____ No Tuition and Student Fees: Yes No
 Assessment/Testing Fee: Yes \$ _____ No

5. This sponsorship includes these **mandatory*** student fees: Extended Medical*: Yes No
 Students with alternate coverage must apply to opt out. Dental: Yes No

Maximum fee for which sponsorship is given (if applicable): \$ _____

This sponsorship is authorized by:

_____	_____	_____
Signature		Date
_____	_____	_____
Print Name	Title	Agency Phone
_____	_____	_____
Agency Name		Agency Fax
_____	_____	_____
Agency Billing Address		Email Address

6. Purchase Order or Claim # _____
 Please fax to:
 Interurban Campus 250-370-3750

Finance Office use only: _____

Note: Acceptance of this form does not guarantee availability of seats.